## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACCOVER PAGESION (



Date Received
Official Use Only

Please type or print in link.	9019 AF	<u> </u>	
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
de Vera	Myrna		Lardizabal
1. Office, Agency, or Court			
Agency Name		· · · · · · · · · · · · · · · · · · ·	
City of Hercules		Council Member	
Division, Board, Department, District, if applicable	le	Your Position	
	<del></del>		
► If filing for multiple positions, list below or on	an attachment.		
Agency: Western Contra Costa Trans	it Authority	Position: Director	
2. Jurisdiction of Office (Check at least	one box)		
State		☐ Judge or Court Commission	ner (Statewide Jurisdiction)
Multi-County	•	•	
		•	
☑ City of Hercules		Uther	<u></u>
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2012.		Leaving Office: Date Lef	
The period covered is/_ December 31, 2012.	through	O The period covered is leaving/office:	January 1, 2012, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office	ce. , through
Candidate: Election year	and office sought, if	different than Part 1:	
4. Schedule Summary	<u> </u>		
Check applicable schedules or "None."	► Total	number of pages including	this cover page:
Schedule A-1 - Investments - schedule att	ached	Schedule C - Income, Loans, &	Business Positions – schedule attached
Schedule A-2 - Investments - schedule att		Schedule D - Income - Gifts - s	
Schedule B - Real Property - schedule att	ached	Schedule E - Income - Gifts -	Travel Payments - schedule attached
	-01-		
<u> </u>	None - No reportable intere	ests on any schedule	<u> </u>
F. Varification			
Loopify under parette of activities to the	•		
certify under penalty of perjury under the la	ws of the State		
Date Signed March 15, 2	013		
(month, day, year)			
		-	FPPC Form 700 (2012/2013)
*		FPPC Toll-Free H	PPC Advice Email: advice@fppc.ca.gov lelpline: 866/275-3772 www.fppc.ca.gov

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700 COMMISSION
Name	• •
de Vera, Myrna	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
Myrna de Vera Insurance Agency	Manuel de Vera Insurance Agency	
Name 2121 19th Ave, Ste 102, San Francisco, CA 94116 Address (Business Address Acceptable) Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Name 1735 Ocean Ave, San Francisco, CA 94112 Address (Business Address Acceptable) Check one Trust, go to 2  Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
SENERAL BESCHI TION OF BUSINESS ACTIVITY	Schedule Session right of Sosiness Novinn	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$0 - \$1,999     \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	
NATURE OF INVESTMENT ☐ Partnership ☑ Other	NATURE OF INVESTMENT  ☐ Partnership ☑ Sole Proprietorship ☐ Other	
YOUR BUSINESS POSITION Agency Owner	YOUR BUSINESS POSITION Spouse of Agency Owner	
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
□ \$0 - \$499 □ \$10,000 · \$100,000 □ \$500 - \$1,000 □ \$1,000	□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ \$1,000 □ \$1,000	
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None.	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)      None	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR  LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     J_J_1_2   J_1_2     \$100,001 - \$1,000,000   ACQUIRED   DISPOSED   Over \$1,000,000	
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	
Leasehold Other	Leasehold Other	
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached	
Comments:	FPPC Form 700 (2012/2013) Sch. A-2	